



STATE OF VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF MENTAL HEALTH

AND

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

CRITICAL INCIDENT REPORTING REQUIREMENTS

Effective Date: November 1, 2011

Revision: June 5, 2012

For additional information:

For **Developmental Services** contact:

Department of Disabilities, Aging and Independent Living
Division of Disability and Aging Services
103 South Main Street, Weeks Building
Waterbury, VT 05671-1601
Phone: 802-241-2678
Fax: 802-871-3052
www.ddas.vermont.gov

For **Mental Health Services** contact:

Department of Mental Health
<http://mentalhealth.vermont.gov/>

Child, Adolescent and Family Unit
108 Cherry St, PO Box 70
Suite 306
Burlington, VT 05402
Phone: 802-863-6335
Fax: 802-652-4157

Adult Services Unit
26 Terrace Street
Montpelier, VT 05609-1101
Phone: 802-828-3824
Fax: 802-828-1717

Summary:

The 2011 Critical Incident Report Guidelines are provided to the Designated Agencies and Specialized Services Agencies (Agency) and supersede all pre-existing reporting guidance provided by the Department of Mental Health (DMH) and the Division of Disability and Aging Services (DDAS). Critical Incident (hereafter referred to as incident) reports are essential methods of documenting, evaluating and monitoring certain serious occurrences, and ensuring that the necessary people receive the information. These guidelines describe the information that the DMH and the DDAS need to carry out their monitoring and oversight responsibilities. Content reflects standard definitions, applicable populations for required reporting, timelines, and methods for reporting incidents. Questions or request for clarifications should be made to DMH or DAIL for their respective programs.

For which persons must I report incidents?

Incident reports are required for any individual served by a Designated Agency or Specialized Service Agency, including people who self-manage or share-manage their services. Incidents involving clients who are private pay, self-pay or receiving pro bono services should be reported using a unique identifier and de-identified information.

See Attachment A (Reporting Grid) for exceptions.

What is the timeframe and process for reporting incidents?

Abuse, neglect or exploitation, death, incarceration, missing person or potential media, as defined in this document, must be reported ASAP within 24 hours by phone to DMH or DDAS.

All guardians, (public or private) must be notified by the DA/SSA of any incident within 24 hours.

Written documentation (electronic or faxed) of all incidents is expected to be complete and delivered to DMH or DDAS within 48 hours.

To report by phone to DDAS, call 802-241-2678.

To report by phone to DMH, call the Clinical Services Director at **1-802-828-3816** or the Acute Care Manager at **802-828-1720** during regular business hours (voicemail after hours).

Use of the electronic reporting form

The electronic report form (**See Attachment B**) will be used whenever the technology for electronic data submission is operative for the sending and receiving entities. In the absence of such operative technology, scanned or fax submissions may be used with prior arrangement between DDAS/DMH and the provider.

Where do I send completed reports?

Reports must be submitted using one of the following methods:

- 1) by fax to a secured Department fax number;
- 2) by posting to the respective Department's secure website; or
- 3) by scanning and electronic submission via secure e-mail to the addresses below:

For DMH: anne.rich@state.vt.us or Jeff.Rothenberg@state.vt.us via secure e-mail or posted to the DMH secure web site.

For DS: tammi.provencher@state.vt.us via secure email or posted to the DDAS secure website.

What types of incidents do I need to report to DMH or DDAS for Persons Served?

Situations must be determined to be serious or severe by the provider organization and must include the following incident types.

◆ Alleged abuse/neglect & prohibitive practices

Suspected abuse, neglect or exploitation of or by a person enrolled in services. All reports of alleged abuse/neglect submitted by the DA/SAA, as mandated by statute, to either Adult Protective Services (APS) 1-800-564-1612 or the Department for Children and Families (DCF) 1-800-649-5285, must also be sent to DMH/ DDAS, within the required timeframe.

The DMH and DDAS must confirm mandated reporting with APS or DCF even though the local agency may have already reported it. Timely receipt of incident report information allows this obligation to be met and transfer of information to occur when necessary.

Prohibitive practices include,

- Corporal punishment
- Seclusion:
- Psychological/verbal abuse
- Restriction of contact with family or significant others
- Denial of basic needs
- Limiting a person's mobility
- Withholding funds
- Forced administration of psychiatric medications
- Unauthorized use of physical, chemical or mechanical restraints

◆ Criminal Act

Any current, serious illegal act, alleged or suspected, must be reported, including any act that warrants incarceration of a person enrolled in services. Any circumstance indicating a duty to warn must be reported. Reporting of past criminal acts is not required.

◆ **Medical Emergency**

A serious, life threatening, medical event, for a person served, that requires immediate emergency evaluation by medical professional/s. Death would likely result without evaluation and treatment. For children in parental custody report only if incident occurs during active engagement with agency workers.

◆ **Missing Person**

A person enrolled in services who is identified as missing by law enforcement, the media, staff, family, caregivers, or other natural supports or in a residential program and has an unexplained absence.

A person served is considered “missing” if the person’s housemate or support staff cannot locate him or her and there is reason to think that the person may be lost or in danger. A report is not required for people who live with unpaid caregivers or housemates (such as natural family), unless the caregiver or family requests assistance in locating the person or the person has been identified as missing by law enforcement.

A person in a DMH funded residential program is considered missing if their unexplained absence exceeds 24 hours or if a missing persons report is filed with local law enforcement (if less than 24 hours); or any person subject to an Order of Non-Hospitalization (ONH) who meets this definition and whereabouts cannot be confirmed.

◆ **Natural Death**

◆ **Potential Media Involvement**

Any incident, marked by seriousness or severity, that is likely to result in attracting negative public attention, or lead to claims or legal action against the State.

◆ **Seclusion or Restraint**

For DS, any seclusion or restraint even if part of a documented service plan on file developed in accordance with the behavior support guidelines for the person served.

For DMH, any seclusion or restraint NOT PART OF a documented service plan on file developed in accordance with the behavior support guidelines for the person served.

“Restraint” includes:

- **Mechanical restraint:** any items worn by or placed on the person to limit behavior or movement and which cannot be removed by the person. Mechanical restraints include devices such as mittens, straps, arm splints, harnesses, restraint chairs, bed rails and bed netting. Helmets used for the purpose of preventing self-injury are considered mechanical restraints.
- **Physical restraint:** any method of restricting a person’s movements by holding of body parts to keep the person from endangering self or others (including seclusion or physical escort to lead the person to a place he or she does not want to go).
- **Chemical restraint:** the administration of a prescribed or over-the-counter medicine when all the following conditions exist: the primary purpose of the medication is a response to problematic behavior rather than a physical health condition; and, the prescribed medicine is a drug or dosage which would not otherwise be administered to the person as part of a regular medication regimen; and, the prescribed medicine impairs the individual’s ability

to do or accomplish his or her activities of daily living (as compared to the individual's usual performance when the medicine is not administered) by causing disorientation, confusion, or an impairment of physical or mental functioning.

For detailed information and exceptions for persons on a DS Waiver, see the DS Behavior Support Guidelines posted on the DAIL website: www.dail.vermont.gov

Restraints that occur fewer than 8 hours apart may be reported in a single report. Restraints that occur more than 8 hours apart must be reported in separate reports.

If two types of restraint are used together (e.g., physically restraining a person to administer a chemical restraint), both types of restraint shall be noted on the report.

Guardians must be notified verbally immediately of any restraint, unless the restraint is done according to a written support plan that the guardian has approved and the guardian has stated that he/she does not wish to receive immediate notification of restraints.

Exceptions:

Time-limited restraints for medical purposes **do not** need to be reported as long as they are done in a manner consistent with the DS Behavior Support Guidelines and the proper documentation is on file. If restraint is done without the required authorization and documentation, an Incident Report must be filed.

PRN medication does not need to be reported unless it meets the definition of a chemical restraint (see DS Behavior Support Guidelines).

◆ **Suicide attempt (or lethal gesture)**

Death would likely result from the suicide attempt or gesture, and the person requires medical attention.

◆ **Untimely or Suspicious death**

Unknown or suspect causation (includes completed suicide). Incident reporting is required by all programs.

Exceptions:

Designated Agency Emergency Services Programs are often among the early responders for support to families, significant others, schools, and work places for untimely or suspicious deaths. When information of this type of incident is known to ES Programs, regardless of program status, notification (verbal or e-mail) of the information known is required, rather than completion of a Critical Incident Form. The DA is only expected to provide the incident information available to them through their response role.

◆ **Action by paid Staff/provider or Worker**

Any of the above incidents by a paid staff/provider or worker must be reported when the action is toward a person receiving services or in the presence of a person receiving services. Worker means a person who volunteers (including those paid a stipend or expense reimbursement) or a person employed or contracted by an organization that operates programs or administers services paid with state funding (including contracted home providers, shared living providers, developmental home providers, foster care providers) or by a surrogate, family member or person who receives services.

Attachment A: Quick reference of events that must be reported for applicable consumers, by program:

| Programs: | Child MH | Children's out of home treatment | AOP | CRT Waiver or Residential | *ES* | *DS* |
|---|----------|----------------------------------|-----|---------------------------|------|------|
| Incidents: | | | | | | |
| Alleged Abuse, Neglect, or Exploitation | ◆ | ◆ | ◆ | ☑ ◆ | ◆ | ☑ ◆ |
| Criminal Act or Incarceration | | | ☑ ◆ | ☑ ◆ | ☑ | ☑ ◆ |
| Medical Emergency | ◆ | ◆ | ◆ | ☑ | ☑ | ☑ |
| Missing Person | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ |
| Death (Natural) | | ☑ | | ☑ | | ☑ |
| Death , (Untimely, or Suspicious) | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ |
| Potential Media | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ |
| Seclusion/Restraint | ◆ | ◆ | ◆ | ◆ | | ☑ |
| Suicide Attempt | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ |

KEY:

Blank Box – no report required



Report is required for all applicable consumers



Report is required for all applicable consumers:

if alleged perpetrator meets definition of a “worker”

if alleged perpetrator is on an ONH

if incident occurred while client actively engaged with agency personnel
(for DMH) if not included in the documented service plan



A. For Emergency Services interventions personnel from either the person's primary program assignment or Emergency Services may report the event as determined by the organization.

B. For DS, reporting is not required for Bridge, TCM, PASRR/specialized services, or Flexible Family Funding recipients, except in the event of a death (any cause).

ATTACHMENT B (see separate Word Document for fillable form)

State Electronic Incident Report Form

Agency Name: Champlain Community Services Date of Incident: 1/00/ 2011
Program: Adult Behavioral Health Time of Incident: 6:00Hr.00 Min.
Duration of Incident: 1:00 Hr.00 Min.

*Subject of Incident: Person Served Subject Name: _____
Last First
ONH Yes Subject DOB: 1/00/1900
CT # / Staff #: /

Reportable Incident: Medical Emergency
Detail Type: Not Applicable

Seclusion/Restraint: Not Applicable Is this intervention part of an individualized support plan: Yes
If Chemical, drug used: Is this intervention part of an individualized support plan: Yes

Date Subject last had contact with the Agency: Same as Report Date or 1/00/ 2009
Incident Location: Agency Specific Addresses

Describe the events leading up to the incident.

Describe the incident –include the persons present.

Did injury to anyone result: Yes Describe, if "yes".

Describe the staff actions taken during the incident.

Describe the Subject's response to the staff actions taken.

Describe any follow-up with subject of incident including plans for further review.

| Notifications | Name | Date | Time |
|----------------------|-------------|-------------|-----------------|
| QDDP: | | 1/00/ 2011 | 1:00 Hr.00 Min. |
| Supervisor: | | 1/00/ 2011 | 1:00 Hr.00 Min. |
| Program Manager: | | 1/00/ 2011 | 1:00 Hr.00 Min. |
| Director: | | 1/00/ 2011 | 1:00 Hr.00 Min. |
| Guardian: Public | | 1/00/ 2011 | 1:00 Hr.00 Min. |
| APS: | | 1/00/ 2011 | 1:00 Hr.00 Min. |
| DMH: | | 1/00/ 2011 | 1:00 Hr.00 Min. |
| DCF: | | 1/00/ 2011 | 1:00 Hr.00 Min. |
| DDAS: | | 1/00/ 2011 | 1:00 Hr.00 Min. |
| Police: | | 1/00/ 2011 | 1:00 Hr.00 Min. |
| Medical Provider: | | 1/00/ 2011 | 1:00 Hr.00 Min. |
| Other: | | 1/00/ 2011 | 1:00 Hr.00 Min. |
| Other: | | 1/00/ 2011 | 1:00 Hr.00 Min. |
| Other | | 1/00/ 2011 | 1:00 Hr.00 Min. |

Supervisory Review / Comments

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| Signatures | Name | Date |
|-------------------|-------------|-------------|
| Reporter: | | 1/00/ 2011 |
| Supervisor: | | 1/00/ 2011 |
| Program Manager: | | 1/00/ 2011 |
| Director: | | 1/00/ 2011 |
| Human Resources: | | 1/00/ 2011 |
| Medical Provider: | | 1/00/ 2011 |
| Other: | | 1/00/ 2011 |
| Other: | | 1/00/ 2011 |
| Other: | | 1/00/ 2011 |